



Effects of Social Support and Conflict on Parenting Among Homeless Mothers

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Research has shown that having a supportive social network is generally beneficial for individuals, particularly those who are homeless or at risk of homelessness. However, conflict within these networks may diminish the positive effects of social support on well-being, and these effects may be felt acutely within a vulnerable population with multiple needs. This study examined the impact of conflict and social support on parenting behaviors in a sample of mothers who are homeless and were involved in a study of case management interventions of varying intensity. We found that women who reported high emotional and instrumental social support self-reported greater improvements in parenting consistency over time than those who reported lower levels of support. However, three-way interactions showed that conflict in support networks was a risk factor for harsh parenting practices among participants who reported lower levels of instrumental social support. Results suggest that social support may enhance homeless mothers' ability to provide consistent parenting, but that these benefits may be undermined if conflict occurs in combination with limited levels of instrumental social support.

Keywords: homelessness, parenting, conflict, social support

Over the last several decades, researchers, policymakers, and treatment providers have paid considerable attention to a greatly increasing population of families who are homeless. Since the 1980s, the approximate proportion of the total homeless population

in the United States that was composed of families has ranged from 38 (Waxman & Reyes, 1987) to 50% (National Alliance to End Homelessness, 2004), with 1.35 million children within those families (Burt, 2002; National Alliance to End Homelessness, 2004). More recently, the U.S. Department of Housing and Urban Development (HUD), Office of Community Planning and Development (2008) found that a third or more (30–37%) of the homeless population consisted of families (HUD Office of Community Planning and Development, July 2008). A typical homeless family seeking shelter consists of a young single mother with two to three children (HUD Office of Community Planning and Development, July 2008), which is consistent with previous studies of family homelessness (Bassuk, 1993; Hausman & Hammen, 1993).

The lack of a second parent or spouse increases the burden on a significantly encumbered population of single mothers who are homeless and already contending with more acute and chronic stressors than either the general population or families in poverty (Milburn & D'Ercole, 1991), including barriers to achieving or maintaining stable housing (Hopper & Hamburg, 1986), lack of jobs that cover household and childcare costs (Anderson & Rayens, 2004; Solarz & Bogat, 1990), increased risk of poor mental health (La Gory, Ritchey, & Mullis, 1990), addiction (Bassuk, Buckner, Perloff, & Bassuk, 1998), and exposure to violence and other forms of traumatic stressors (Browne & Bassuk, 1997). In addition to these personal and family related stressors, mothers

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who are homeless must still face the responsibility of raising one or more children on their own and in unpredictable conditions of poverty and homelessness.

Moreover, research has shown that the stress of homelessness negatively influences important parenting behaviors that are essential to children's physical and psychological development (Torquati, 2002). Specifically, Hausman and Hammen (1993) discuss the "double crisis" of family homelessness. In this situation, families face the trauma of losing their home in addition to impediments on a parent's ability to provide consistent, responsive, and supportive parenting. Thus, environmental stressors such as homelessness have a significant impact on parenting (De Garmo & Forgatch, 1997; Downey & Coyne, 1990). This is consistent with previous research that has found that parents' internal resources as well as environmental stressors are two of several predictors of parenting styles (e.g., Belsky, 1984; Torquati, 2002). For example, studies have found that mothers who are undergoing stressors or negative life events are more likely to use disapproval, less supportive parenting styles, and more inconsistent discipline than other mothers (Patterson, 1982; Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1992; Torquati, 2002).

In addition to maternal distress and environmental stressors, social support can also significantly affect parenting behavior in mothers who are homeless. Emotional and instrumental (e.g., financial, transportation, physical assistance) support from family, friends, or mental health professionals can buffer the negative effects of stress (Cohen & Wills, 1985), which in turn can increase effective and consistent parenting behavior (Abidin, 1992; Kotchick, Dorsey, & Heller, 2005). For example, Unger and Wandersman (1998) found that informal support from family predicts adolescents' positive parenting behavior. Similar research has shown that social support provided to adult mothers is associated with maternal positive affect, positive perspectives of their children, and responsiveness in interactions with their children (Crnic, Greenberg, & Slough, 1986; Priel & Besser, 2002). Previous research has also shown the reverse; that is, social support perceived as dissatisfying, stressful, or limited is associated with poor parenting competence, disengaged parenting, and high psychological distress (Kotchick, Dorsey, & Heller, 2005; Silver, Heneghan, Bauman, & Stein, 2006).

The high levels of stress and limited access to social support among families who are homeless are likely to complicate the relationships between these factors in this population especially compared to families who are housed. For example, women who are homeless generally have limited support from others (Anderson & Rayens, 2004) and often report smaller networks than mothers who are housed (Bassuk & Rosenberg, 1988; Goodman, 1991; Fischer, Shapiro, Breakey, Anthony, & Kramer, 1986; Passero, Zax, & Zozus, 1991). In addition, the extensive needs of families who are homeless may create conflict within social networks that can exhaust and disintegrate these networks (Letiecq, Anderson, & Koblinsky, 1998; National Center on Family Homelessness, 2003; Solarz & Bogat, 1990). Conflicted relationships within the social networks of mothers who are homeless may occur because of the emotional and material drains on their support systems, as well as to the stress of their own poverty (Bassuk, Mickelson, Bissell, & Perloff, 2002; Solarz & Bogat, 1990). Conflict within an otherwise supportive relationship can diminish the positive effects of social support and can lead to negative out-

comes for parents and children such as increased risk for physical and sexual assault (Nyamathi, Wenzel, Keenan, Leake, & Gelberg, 1999), adjustment difficulties for children (Graham-Bermann, Coupet, Egler, Mattis, & Banyard, 1996), decreased well-being (Rook, 1984), and less positive parenting behaviors (Nitz, Ketterlinus, & Brandt, 1995).

Though previous research has separately demonstrated the effects of social support, conflict, and homelessness on parenting behavior, few studies have examined the unique contribution of social support and conflict on parenting in the overwhelmed and stressed environment that comprises the lives of families who are homeless. Thus, we conducted an exploratory secondary data analysis to better understand whether conflict negates the positive outcomes of social support in parenting behaviors of mothers who are homeless. The data for this analysis came from a longitudinal study of programs for mothers who are homeless with substance abuse problems and their dependent children. The parent study examined residential, mental health, substance use, trauma, and child outcomes, among others, over a 15-month follow-up period (see Douglas, Jimenez, Lin, & Frisman, 2008, for more information). In the present study, we explored the impact of social support on parenting, and whether conflict moderates the relationship between social support and parenting. When exploring the role of social support in these relationships, we examined total social support, which includes instrumental and emotional support, as well as both support constructs separately.

Method

Participants and Procedure

The data for the present study were obtained from a larger study of mothers who are homeless and their dependent children funded by the Substance Abuse and Mental Health Service Administration (SAMHSA) to the Connecticut Department of Mental Health & Addiction Services. The Connecticut Homeless Families Project (HFP), discussed here, was one of eight sites funded by SAMSHA nationally examining programs for women who are homeless, doubled-up, or at-risk with substance abuse, trauma, and/or mental health disorders and their dependent children. During the recruitment period of October 2001 through September 2003, trained interviewers conducted mainly face-to-face, semistructured interviews from a protocol assembled with the National Steering Committee approval. The National Steering Committee consisted of representatives from all eight sites, including principal investigators and other research staff, consumer representatives (i.e., mothers who were formerly homeless), the Coordinating Center, and SAMHSA representatives. This study focused on measures that assessed social support, conflict, and parenting. Study measures and procedures were approved by the Institutional Review Boards of the Connecticut Department of Mental Health and Addiction Services, and are described in further detail in Douglas et al., 2008.

At the Connecticut site, 234 women were recruited by referral from program staff from 12 statewide programs for women who are homeless, including six community-based case management programs and six family shelters that provided case management. To be eligible for the study, mothers had to meet criteria for homelessness either because of living in a shelter, outdoors, by being "doubled-up" (i.e., living temporarily with a family member

or friend), or in transitional programs or other institutional settings, with no other home. In addition, all study participants had legal custody of at least one of their children, who were either living with the mother or were placed temporarily with others. In addition, all participants reported using substances or were in recovery and receiving case management services for substance abuse, homelessness, and/or any additional needs identified by participants.

The focus of the parent study was the impact of different levels of case management. These levels were either *high*, with a staff to client ratio of 1:5–12 and a duration of 6–9 months; *medium*, with a staff to client ratio of 1:15–20 and a duration of 3–6 months; and *low*, with a staff to client ratio of 1:20+, and a duration of less than 3 months. Because comparison of group differences is not the aim of the analysis presented in this article, differences among these groups are not examined. However, study group is treated as a covariate to adjust for treatment effects on outcome variables.

A total of 234 mothers were included in the present study (see Table 1 for detailed demographic characteristics). Of note, the variability of the population in this investigation is noticeable in large *SDs* in several demographic variables (e.g., participants' age, number of children, average number of lifetime periods of homelessness; see Table 1). The mean age of the women was 31.4 years old, and they had an average of 2.5 children in total, although not necessarily in their care; almost onethird (32.8%) had all of their children living with them. The women in the study were 24.8% White (not Hispanic), 29.1% Hispanic, and 44.9% Black. The sample was predominantly unmarried (66.7% were never married);

had low levels of educational attainment (49.6% had not graduated from high school); and reported past homelessness and a high number of arrests. These characteristics are representative of similar studies of mothers who are homeless (Weinreb, Buckner, Williams, & Nicholson, 2006), though the ethnic distribution of this sample diverges from that of a recent national survey of homeless men and women. Specifically, the present sample included a larger representation of Hispanic mothers and a smaller proportion of White, not Hispanic mothers than reported in that survey (U.S. Department of Housing and Urban Development [HUD], Office of Community Planning and Development, 2008), consistent with the demographics of the urban northeastern area in which the present study was conducted.

Attrition

Among the 234 participants included in the present analysis, 180 (76.9%) were interviewed at 3 months from baseline, 198 (84.6%) at 9 months, and 199 (85.0%) at the 15-month follow-up wave. The increase in *N* at the final two follow-up periods was the result of increased efforts to recontact all study participants after the higher level of attrition at the initial follow-up. Three stepwise logistic regressions were performed to identify factors associated with attrition at each follow-up. The variables included in each logistic regression were treatment group, demographic variables, and baseline measurements. The results indicated that none of these variables was associated with attrition at any time point. Thus, no additional covariates were added to adjust the outcome models for attrition.

Measures

Maternal Mental Health: Global Severity Index

Participants' current mental health was assessed using the Global Severity Index (GSI) from the Brief Symptom Inventory (BSI), a widely used and well validated scale designed to assess current psychological symptoms (Derogatis, 1993). The GSI assesses global mental health functioning over the last 7 days and was used in this study as a covariate in the outcome models, given the likelihood of significant distress among homeless mothers (Graham-Bermann et al., 1996) and the potential role that such distress may play in parenting by homeless persons (Torquati, 2002).

Addiction Severity Index

Two composite scales from the widely used and well validated Addiction Severity Index (ASI) were used to measure extent of drug use and alcohol use (McLellan et al., 1992). These composite scores comprise days of substance use, problems because of substance use, perceived need for treatment, and amount of money spent on alcohol and substance use in the past 30 days. These subscales were included in this study as measures of current substance use and examined as potential covariates in the outcome models because of the potential adverse effects of substance abuse on parenting among homeless mothers (Bassuk et al., 1998).

Social Support and Conflict

The primary predictor variables of interest were instrumental social support and emotional social support, which were measured

Table 1
Demographic Information

Characteristics	N = 234	
	<i>M</i> or <i>n</i> (<i>SD</i> or percent)	
Age	31.4 ± 7.1	
Race/ethnicity		
White, not Hispanic	58 (24.8%)	
Black	105 (44.9%)	
Hispanic	68 (29.1%)	
Other ^a	3 (1.3%)	
Marital status		
Never married	156 (66.7%)	
Divorced	31 (13.2%)	
Currently married	28 (12.0%)	
Other ^b	19 (8.1%)	
Education		
Some high school or less	116 (49.6%)	
High school completed/GED	75 (32.1%)	
Vocational training/some college	43 (18.4%)	
Employed full-time, part-time, or on leave	28 (12.0%)	
Number of times Homeless	2.7 ± 3.7	
Number of children under 18	2.5 ± 1.5	
Percent of children living with mother	50.0% ± 43.4%	
Ever been arrested	166 (70.3%)	
Number of times in jail because of a conviction	3.44 ± 3.73	
Age first used alcohol	15.34 ± 8.33	
Alcohol use problems (ASI, past 30 days)	0.10 ± 0.17	
Drug use problems (ASI, past 30 days)	0.10 ± 0.11	
Global mental health (GSI)	58.49 ± 13.17	

^a Including American Indian, Alaskan Native, Asian/Pacific Islander, multi-racial, and other. ^b Including widowed and legally separated.

at baseline and again 3, 9, and 15 months later. The social support questions originated from Vaux and Athanassopoulou's (1987) measure, which evaluates the types of support participants received and their satisfaction with these relationships, and were modified by the National Steering Committee. Social support in the Homeless Families Study was classified as either instrumental (i.e., provided transportation or financial help) or emotional (i.e., provided encouragement or helpful listening).

Specifically, participants could name a spouse or significant other as well as up to three individuals in each of four categories of relationships that included friends, family, program staff, and "others." For each of the individuals named, participants were asked whom they could count on for assistance in the past 30 days in three situations: if they needed a short-term loan of \$100 (instrumental support); if they had an appointment but needed a ride to get there (instrumental support); and if they were depressed or frustrated (emotional support). In addition, the respondent was asked to indicate whether individuals who provided support also were a source of conflict in the past 30 days, that is, whether they invaded her privacy; took advantage of her; broke promises; and/or provoked conflict or angry feelings. For each participant, two summary variables, which comprise the primary predictor variables in this study, were created for the number of people named from whom they could expect emotional support and instrumental support, which could range from 0 (*no support*) to 13 (*emotional support*) and 26 (*instrumental support*). Therefore, the extent of each type of support reflected the size of their support network rather than their subjective estimation of the value or worth of the support.

Conflict in the social support network was assessed only among the network members listed as providers of positive social support and was defined as whether the person (yes or no) broke promises, invaded the participant's privacy, took advantage of her, or provoked conflict or angry feelings. Answering "yes" to any of these conflict-oriented questions yielded a positive score for conflict in the social support network. Thus, the conflict variable described whether the individual endorsed conflict with any of the individuals in their social support networks.

Parenting Measure

Parenting practices, the main outcome variables investigated in this study, were assessed using a 27-item self-report measure adapted from the 34-item Parenting Practices Scale (PPS; Strayhorn & Weidman, 1988) as modified by the Conduct Problems Prevention Research Group (1999). The adapted PPS yields a total parenting score based on frequency of positive parenting behaviors, using a scale of 0 (*never*) to 4 (*many times each day*). The same scale is used for each subscale: appropriate and consistent discipline; warmth or involvement; harsh discipline (recoded so that high scores represent less harsh discipline); parenting consistency (between two parents); and parenting efficacy. Because parenting consistency only applies to participants with an involved coparent (approximately 60% of the sample at each observation wave), we also calculated the total score without this subscale.

Analytic Strategy

To determine whether conflict moderates the long term effects of social support on parenting style, three sets of Hierarchical

Linear Modeling (HLM, also called mixed regression, multilevel modeling, or random-effects models; see Raudenbush & Bryk, 2002) were employed separately to determine the long-term effects of instrumental support, emotional support, and total social support over time on parenting. When applying HLM to analyze longitudinal data, participants are level two data, and observations at baseline, 3-months, 9-months, and 15-months, nested within each individual participant, are level one data. The intercept and time variable (the interval between interview date and baseline date) were treated as random effects for each outcome model.

We first tested two-way interaction models where social support (instrumental, emotional, and the total of the two) or having conflict in the supportive relationship were entered as time-varying predictor variables in level two, to determine whether social support or conflict have an effect on the outcome over time. After testing the two-way interaction models, a three-way interaction term of social support by conflict by time was computed and included in each outcome model (along with all lower level interaction terms) to test whether conflict in otherwise supportive relationships moderates the effect of social support on outcomes over time. A significant three-way interaction term would imply that the effect of social support on parenting outcomes over time is different between participants who have conflict in those relationships, compared to those with no social support conflict. The SAS mixed procedure (SAS, 2004) was used to obtain the HLM estimates.

A series of bivariate analyses (i.e., *t* tests, χ^2 tests, and zero-order correlations) were carried out to determine whether any background measures were related to baseline social support scores. Any significant background variables were included in the outcome HLM model as level two covariates. Zero-order correlations were also conducted to examine associations among social support, conflict, and parenting variables. In addition, as stated previously, stepwise regression analyses were performed to determine whether treatment group, demographic variables, or baseline measurements were associated with attrition rates at follow up assessments. As results indicated that none of the variables were significantly associated with attrition, we did not add any additional covariates to adjust the model.

When multiple outcome models are computed, it is usually important to adjust the significance criterion (*p* level) to account for the possibility of inflated type I error (falsely concluding that a null relationship was an actual relationship). However, in this case, the analyses were considered exploratory and type II error (failure to detect an actual relationship) was considered a primary concern. Nevertheless, all discrete statistically significant (*p* < .05) findings are considered preliminary and in need of replication, and patterns of convergent findings will be emphasized in discussing the results and their potential implications.

Results

Table 2 presents the means and *SDs* for the major study variables, including the social support and conflict variables, as well as the PPS and subscales. Table 2 also displays the percentage of change in each variable from baseline to the 15-month follow up.

A series of *t* tests, χ^2 tests, and zero-order correlations were conducted to determine whether baseline social support was related to any background measures. Two demographic variables

Table 2
Means and SDs for Main Study Variables at Each Time Point ($N = 234$)

	Baseline			3 Month			9 Month			15 Month			Percent change from baseline
	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	
Adapted Parenting Practices scale													
Appropriate/consistent discipline	2.80	.70	214	2.74	.76	155	2.64	.74	163	2.72	.81	158	−2.9%
Warmth/involvement	2.64	.68	222	2.57	.62	156	2.53	.59	165	2.56	.61	159	−3.0%
Harsh/physical discipline	3.38	.56	222	3.27	.53	157	3.33	.49	166	3.29	.52	161	−2.7%
Consistency with other parent	2.06	1.47	128	2.27	1.43	89	2.17	1.37	98	2.48	1.32	84	20.4%
Efficacy	2.82	1.01	217	2.77	.97	157	2.91	.98	166	2.75	1.07	161	−2.5%
Social Support scale													
Emotional	2.28	1.78	234	2.17	1.74	180	2.24	1.98	198	2.39	1.70	199	4.8%
Instrumental	3.22	2.29	234	3.30	2.59	180	3.68	2.86	198	3.77	2.68	199	17.1%
Conflict (<i>N</i> , %)	59	25.0%	234	38	16.1%	180	48	20.3%	198	50	21.2%	199	

Note. Responses on PPS indicate frequency of positive parenting behaviors and range from 0 (*never*) to 4 (*many times each day*). The Emotional and Instrumental Support Scales yields a summary of the total number of support persons listed, which ranged from 0 (*no support*) to 13 (*highest total possible for emotional support*) and 26 (*highest total possible for instrumental support*).

were found to be statistically significantly and positively related to social support: being Hispanic, $t(232) = 3.08$, $p < .01$ and having a high school diploma or GED degree or more education, $t(232) = 2.64$, $p < .01$. Specifically, Hispanic participants scored higher on social support than others; and participants who had a high school equivalency diploma or more education scored higher on social support than the others did. To adjust for baseline differences, these two variables were included in all outcome models as covariates. We also included treatment group as a level two covariate to adjust the different levels of case management that participants received.

Table 3 displays zero-order correlations among social support (emotional, instrumental, and total support), conflict, and parenting, which included the total PPS score and the subscales. As expected, conflict was significantly and negatively correlated with

the PPS total scores and subscales at baseline, 9 months, and 15 months. However, total social support and instrumental support were significantly and positively associated with only the PPS consistency subscale.

Effects of Social Support on Long-Term Outcomes: Two-Way Interaction Models

Table 4 displays the results of the two and three-way interaction models examining the impact of social support and conflict on parenting over time, which included demographic correlates of parenting (e.g., education, age, marital status), overall mental health functioning, and substance abuse problem severity as level two covariates. As shown in Table 4, the two-way interaction models revealed a statistically significant effect of instrumental

Table 3
Zero Order Correlations Between Social Support, Conflict, and Parenting Outcomes at Each Time Point ($N = 234$)

PPScale total and subscales ^a	Total score ^b	Total score without items about other partner ^c	Appropriate/ Consistent discipline	Warmth/ Involvement	Harsh/Physical discipline	Consistency	Efficacy
Baseline							
Emotional social support	.00	.05	.01	.08	−.08	−.15	.04
Instrumental social support	.09	.14	.12	.11	.01	−.16	.06
Conflict	−.14*	−.09	−.08	−.02	−.13*	−.20*	−.07
3 month							
Emotional social support	−.01	−.01	−.04	.09	.01	−.04	−.05
Instrumental social support	.12	.12	.14	.11	.05	.06	.01
Conflict	−.07	−.06	−.07	−.07	.05	−.03	.00
9 month							
Emotional social support	.02	.01	−.10	.13	.01	.06	.06
Instrumental social support	.04	.02	−.04	.10	.00	.21*	−.07
Conflict	−.16*	−.14	−.09	−.16*	−.07	−.10	−.07
15 month							
Emotional social support	−.03	−.03	−.01	−.09	.10	.05	−.06
Instrumental social support	.04	.04	−.01	.06	.05	.11	.01
Conflict	−.29**	−.28**	−.28**	−.13	−.22**	−.14	−.23**

^a Responses indicate frequency of positive parenting behaviors and range from 0 (*never*) to 4 (*many times each day*). ^b PPS: Total Score. ^c PPS: Total Score without two items relating to other parent.

* $p < .05$. ** $p < .01$.

Table 4
Hierarchical Linear Modeling Results

	PPS: Consistency and Harsh Discipline Subscales											
	Consistency × Emotional social support			Consistency × Instrumental social support			Harsh-discipline × Emotional social support			Harsh-discipline × Instrumental social support		
	<i>B</i>	<i>SE</i>	<i>p</i> value	<i>B</i>	<i>SE</i>	<i>p</i> value	<i>B</i>	<i>SE</i>	<i>p</i> value	<i>B</i>	<i>SE</i>	<i>p</i> value
Time	0.005	0.019	0.799	0.018	0.020	0.377	0.002	0.007	0.715	0.005	0.006	0.462
Instrumental social support	—	—	—	0.046	0.041	0.261	0.010	0.009	0.264	0.018	0.014	0.180
Emotional social support	0.100	0.051	0.051	—	—	—	—	—	—	—	—	—
Conflict	—	—	—	—	—	—	0.227	0.129	0.080	0.198	0.123	0.106
Hispanic	0.021	0.228	0.927	0.066	0.226	0.771	0.095	0.062	0.126	0.097	0.062	0.118
HS completed/GED	0.074	0.192	0.699	0.070	0.191	0.715	0.073	0.054	0.178	0.071	0.054	0.186
Mother's age	0.002	0.014	0.894	0.002	0.013	0.867	0.003	0.004	0.471	0.003	0.004	0.463
Group	0.323	0.259	0.216	0.345	0.259	0.184	0.042	0.074	0.575	0.043	0.074	0.563
Never married	0.001	0.203	0.998	0.020	0.201	0.923	0.003	0.057	0.961	0.003	0.057	0.959
Alcohol use (ASI)	0.389	0.554	0.484	0.371	0.552	0.502	0.098	0.165	0.552	0.114	0.164	0.489
Drug use (ASI)	0.373	0.869	0.669	0.511	0.863	0.554	0.353	0.262	0.179	0.338	0.262	0.198
Mental health (GSI)	0.005	0.006	0.388	0.006	0.006	0.375	−0.013	0.002	0.000**	−0.013	0.002	0.000**
Arrests	0.105	0.208	0.615	0.124	0.206	0.548	0.130	0.059	0.029	0.130	0.059	0.030*
Two-way interactions												
Time × Emotional social support	0.011	0.006	0.067	—	—	—	—	—	—	—	—	—
Time × conflict	—	—	—	—	—	—	−0.035	0.014	0.013*	—	—	—
Time × instrumental social support	—	—	—	0.010	0.004	0.018*	—	—	—	−0.002	0.001	0.104
Instrumental social support × conflict	—	—	—	—	—	—	—	—	—	−0.056	0.027	0.036*
Time × conflict	—	—	—	—	—	—	—	—	—	−0.035	0.013	0.008**
Three-way interactions												
Time × instrumental social support × conflict	—	—	—	—	—	—	—	—	—	0.007	0.003	0.006**

* $p < .05$. ** $p < .01$.

social support on parenting consistency over time ($B = 0.010$, $SE = .004$, $p < .02$), which indicated that women who scored high on instrumental social support were more likely to improve their parenting consistency over time than women who had low instrumental social support. However, parenting consistency only applies to participants where another adult is helping to discipline the children, approximately half of our sample. Results from the two-way models suggest that there is a positive association between social support and homeless mothers' self-reported parenting consistency in relation to another parent.

No other two-way interaction models identified a relationship between social support and change in other self-reported parenting style characteristics over time. In addition, none of the two-way interaction models suggested that conflict in social support was associated with change over time in any of the parenting measures.

Moderating Effect of Conflict: Three-Way Interaction Models

Table 4 displays the results of the three-way interaction of instrumental social support by conflict by time, which was found to be statistically significant, suggesting that conflict moderated the effect of instrumental social support on harsh discipline, as measured by the PPS ($B = 0.007$, $SE = .003$, $p < .01$). A closer examination of the interaction pattern reveals that among participants who reported having conflicts in their social support network, lower levels of instrumental social support were associated with worse outcomes with respect to harsh discipline (i.e., greater likelihood to employ harsh discipline).

Discussion

This study presents an exploratory analysis of social support and parenting outcomes over time for mothers experiencing homelessness and substance abuse disorders, and who are also receiving case management services. With some caution, we conclude that receiving social support, as experienced by the mother over time, is positively associated with increased provision of consistent discipline between the two parents. Because this result only pertains to participants with a parent partner, its usefulness is limited. More importantly, we found preliminary evidence of a moderating effect of conflict within the social support network. That is, where the mother experiences conflict in an otherwise supportive network, the impact is negative over time. Specifically, the combination of conflict and low overall social support or instrumental support was associated with higher levels of harsh discipline over time.

This interpretation is consistent with prior empirical and theoretical works suggesting that social support is not a simple unidimensional protective factor (Laireiter & Baumann, 1992; Thoits, 1992). The effects of social support may differ depending on whether support is perceived versus actually received, and its effects may be mediated or moderated by related factors such as the structure and size of the support network and the individual's integration within a support network (Thoits, 1992). A more important caveat is that we cannot rule out the possibility that social support moderates the effect of conflict, rather than the reverse, as tested. To better test the nature of the relationship between these

variables would require a different approach. We present these results in keeping with the hypothesis we selected *a priori*.

Although we were unable to measure *actual* social support received by the women who participated in this study, the measurement of both *perceived* support and perceived conflict in social support relationships provided evidence that support's beneficial effects appear to be undermined by conflict. Indeed, conflict may be more negative to discipline behavior than social support is positive; that is, mothers who are homeless with conflicted social networks may offer less reasonable and consistent discipline than homeless mothers without social support may. However, we must view the results with caution. It may be that conflict alters the nature of the support actually received; despite the individual's perceiving those support relationships to be generally positive. Conflict also may reduce the individual's integration within their support network, thereby undermining otherwise positive effects of the support network on well-being. Therefore, future studies are needed in which the nature of actual support received is assessed, and in which the impact of each participant's integration within support networks is assessed in relationship to conflict. Similarly, future studies should also examine whether conflict in relationships varies by the different support categories (e.g., friends, significant others, program staff).

Several potential explanations for this interaction effect warrant empirical examination. First, conflict may create a sharper contrast effect in relationships that are generally perceived as helpful, compared to relationships that are not perceived generally to be instrumentally helpful. Second, as noted above, it was impossible to evaluate conflict in participants' lives beyond the social support network. Third, it may be more difficult for homeless mothers to cope with conflict when they do not have adequate instrumental support, particularly in light of the many instrumental challenges and barriers that they face because of socioeconomic and residential disadvantages and stressors. Finally, the social support scores represented the size of the respondent's instrumentally or socially supportive social network rather than the perceived beneficence of support provided by that network.

In future research, it will be important to operationally distinguish these two aspects of social support and examine the relationship of each separately (and together) in interaction with conflict as predictors of social intervention outcomes and vulnerable women's abilities to enhance their well-being. On the other hand, a less strongly supportive but nonconflicted support network may be sufficient, and perhaps even optimal, to assist homeless mothers in reducing their use of harsh parenting practices. When instrumental or emotional support are provided without conflict, relatively low levels of such support may be sufficient to enable homeless mothers to use parenting and decision-making skills that are crucial to their own and their children's well-being. Even relatively limited amounts of instrumental support provided without relational conflict may provide women who are homeless with role modeling or practical support sufficient to reduce the use of harsh parenting practices. Relatively limited amounts of emotional support may play a similar role in modeling and motivating self-care and enhancing awareness of and commitment to not using alcohol or drugs. The specific support network features and types of support that can best help homeless mothers to not use harsh parenting practices warrant further study.

Clinical Implications

Several clinical applications for service provision are preliminarily indicated from these results. Study findings suggest that providing support for parents who are overburdened with homelessness may facilitate positive social relationships. Building larger and better support networks is a difficult challenge in any context, and may be particularly challenging for mothers who are homeless given their often-limited resources and daunting responsibilities. However, larger and more consistently positive support networks appear to be a strong protective factor not only for the mothers' well-being but also for their ability to parent their children in a positive manner. Although each woman's experience and attributes are unique, many mothers experiencing homelessness describe having limited experience with receiving these types of facilitative social support for much of their lives, particularly those who experienced maltreatment and those, often the same persons, who became homeless by living on the streets as a child or adolescent (Martijn & Sharpe, 2006). Service providers, including advocates, educators, and therapists therefore should emphasize strategies that may foster strong positive relationships, such as role modeling and guided practice in identifying optimal sources of support, communicating requests for support clearly and directly, and interacting assertively with support persons. In addition to improving supportive relationships, these strengths-based approaches may enhance personal autonomy and empowerment for the mother herself.

Moreover, results from this study imply that women's use of harsh disciplinary practices may also be because of conflict they are experiencing in their support networks. Therefore, in addition to teaching and modeling firm, consistent, and caring approaches to discipline (and preventive parenting strategies to intervene early before their children's behavior becomes extreme or disorganized), it appears essential for providers to help women who are homeless learn and succeed in using conflict resolution skills in the relationships to which they turn for their own needs and support. It may also be important to intervene additionally on a systemic level to reduce the likelihood that women who are homeless are confronted with conflictual "support" from organizations and service providers (e.g., shelter staff, housing, legal, and child welfare personnel) who themselves are often stressed (Harris & Fallot, 2001). These service providers may benefit from a reorientation toward and skills for reducing conflict when they experience work-related frustrations that can spill over into interactions with clients who are homeless, who often have abundant and time-consuming needs.

Study Limitations

Limitations of this exploratory study include the use of self-report measures of parenting and social support, undistinguished sources of conflict as well as a lack of information about conflict outside of the support network, a convenience sample of women who were receiving case management in homeless programs, and limited analysis of additional potential influences on parenting. Each limitation will be commented on next.

First, social support and conflict were assessed by a self-report measure for which limited psychometric evidence exists. In addition, this measure of social support does not elicit information

about the duration, severity, or recurrence of conflict, nor was conflict assessed outside of the respondents' reported supportive relationships; other conflicts in her life were not part of this analysis (e.g., adult family members, coworkers or authority figures, health care, housing, or social providers). On the other hand, it should be pointed out that the measures were selected and adapted by the National Steering Committee comprised of mothers who were homeless as well as researchers, and were specifically created to overcome problems with ecological validity of extant social support measures with respect to the types of support available to women who are homeless. Further studies of the reliability and validity of this measure of social support appear indicated, given the meaningful pattern of results in this study.

Parenting practices also were assessed by self-report, although unlike the social support questionnaire this measure has shown evidence of psychometric reliability and validity. Actual parenting practices may differ from those described by self-report, and therefore further research is needed using observational or collateral data sources of parenting in various contexts to more definitively identify associations between social support and conflict with parenting practices.

Finally, this sample included primarily underserved and socioeconomically vulnerable women of color, consistent with national surveys and prior studies of women and mothers who are homeless. However, this sample of women had an additional resource of case management services, some of which consisted of high intensity case management services, a relatively uncommon resource for mothers who are homeless. Thus, replication is needed with women who are homeless but do not have the additional resource of case management services.

Conclusion

Our results suggest that social support may improve homeless mothers' ability to provide consistent discipline and other positive parenting strategies, but that these benefits may be undermined if conflict occurs within smaller instrumental support networks. Our findings do not contradict prior studies' results indicating that minimal or no support (e.g., social isolation) is a substantial risk factor for the ability of mothers who are homeless to be safe, manage or prevent behavioral health problems, and achieve better lives (Anderson & Rayens, 2004; Bassuk & Rosenberg, 1988; Fischer et al., 1986; Passero et al., 1991). Rather, our findings suggest that efforts to enhance social support resources for mothers who are homeless (and other vulnerable women) through social interventions should carefully take into account the potentially detrimental effects of conflict in existing or new support networks. Building relationships to enhance the well-being and parenting practices of women who are homeless appears to involve more than simply enlisting people who can be counted on for instrumental or emotional support. Both the mothers themselves and members of their support networks may need assistance in preventing or managing the conflicts that are likely in their typically stressful lives. The extent to which social interventions can enhance both conflict management and social support to improve parenting practices among homeless mothers is an empirical question that warrants testing in future social intervention research.

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